



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

OWNER/EMPLOYEE INFORMATION SUPPLEMENTAL FORM A

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 et seq. (Supp. 2003)
www.sccconsumer.gov
803-734-4236/800-922-1594

Street Address
3600 Forest Drive
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information MUST be provided on a separate form for EACH MEMBER, OWNER, PARTNER, CORPORATE OFFICER, SHAREHOLDER AND EMPLOYEE. This form may be duplicated. Complete the form in its entirety. If any of the information on this form changes, submit a revised form to the Department. Incomplete information could result in delay or denial of your application.

Company name: _____

Your legal name: _____

Business relationship or title: _____

*If an owner, partner, officer or member, state your ownership interest (Ex. 25%) _____

Have you been known by any other name? ☐ Yes ☐ No If yes, state the name _____
(Ex. Maiden name, etc.)

Do you work in the broker business? ☐ Yes ☐ No

Present Home/Street Address: _____ How long at this address? _____

City: _____ State: _____ Zip: _____ County: _____ Work telephone: _____ - _____ - _____

Date of Birth: _____ SSN: _____ - _____ - _____ Home telephone: _____ - _____ - _____

E-Mail: _____

In what state were you born? _____

EDUCATIONAL BACKGROUND

SCHOOL	DATES ATTENDED	DEGREE (also indicate major)

EMPLOYMENT BACKGROUND

Describe your employment, at least ten years, starting with current, noting origination of residential mortgages.

NAME OF EMPLOYER	ADDRESS & TELEPHONE NO.	DATES OF EMPLOYMENT	POSITION	NAME OF OWNER

Mark an X in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet.

YES NO

- ☐ ☐ Have you ever been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
- ☐ ☐ Have you ever been charged with irregularities or shortages in your business accounts or transactions? If yes, provide details.
- ☐ ☐ Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in any jurisdiction? Provide details including the name of the profession and the agency (include agency address).
- ☐ ☐ Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? Provide details, including the name of the agency and date of action.
- ☐ ☐ Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of action.
- ☐ ☐ Have you ever had any civil judgments, lawsuits or liens brought against you? If yes, provide details.
- ☐ ☐ Do you currently hold, or have you in the past, held any credential (license) issued by the State of South Carolina? If yes, what type of credential? (Do not include drivers license) _____
- ☐ ☐ Have you read and are you familiar with the Mortgage Loan Broker Act, S.C. Code Ann. § 40-58-10 et seq.? (Must answer YES if you work in the broker business) Describe any training you have received in mortgage brokering, including on-the-job-training (OJT).

Driver's License No. _____ State & Date of Issue: _____

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature of Owner/Employee

Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20____

Notary Public For _____

**The South Carolina Freedom of Information Act may
require the Department of Consumer Affairs to
release this form as a public record.**

My Commission Expires: _____